

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

10066

1. PLACE OF DEATH

County

Dorchester

94a

Village or City

Cambridge Md

Registration Dist. No.

116

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Edith L. Adkins

303 Bryan
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female

White

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Anthony Adkins

6. DATE OF BIRTH (month, day, and year)

Aug 16 1868

7. AGE

Years

Months

Days

11 LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Bronifce.

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Dorchester Co.

13. NAME

Joseph E. de Compt

14. BIRTHPLACE (city or town)
(State or country)

Dorchester Co

15. MAIDEN NAME

Mary Buckley

16. BIRTHPLACE (city or town)
(State or country)

Dorchester Co

17. INFORMANT
(Address)Mrs. Charles Handley
Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date Aug 23, 1933

19. UNDERTAKER
(Address)Frank E. Albright
Cambridge Md

20. FILED Oct 23, 1933 C. J. Wolff

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 21
(Month) (Day)1933
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Oct 21, 1933 to Oct. 21, 1933

I last saw her alive on Oct. 21, 1933; death is said
to have occurred on the date stated above, at 4:15 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Angina Pectoris

Date of onset

Arteriosclerosis

1 yr.

Unknown

Other Contributory Causes of Importance:

Cholelithiasis

Unknown

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

A. S. Merle

M. D.

(Address) 126 Race St. Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10067

V. S. No. 1

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge

Registration Dist. No. 116

No. Eastern Shore State Hospital

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Elijah Bailey

(a) Residence: No.

Parsonsburg

Md.

St.

Ward.

Wicomico County

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

White

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

August 2, 1853

7. AGE

Years

Months

Days

If LESS than

80

2

20

1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Farmer

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

Rented

10. Date deceased last worked at
this occupation (month and
year) 01 yrs. 3 mos.11. Total time (years)
spent in this
occupation Life12. BIRTHPLACE (city or town)
(State or country) Unknown

Wicomico Co., Md.

Date of onset

about

2 yrs.

ago

MOTHER FATHER

13. NAME Thomas E. Bailey

14. BIRTHPLACE (city or town)
(State or country) Unknown

Wicomico County, Md.

about

1 yr.

ago

15. MAIDEN NAME Emily Gordy

16. BIRTHPLACE (city or town)
(State or country) Wicomico County,
Maryland17. INFORMANT E.S.S. Hospital Records
(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Gordy Cemetery Date Oct. 23, 1933

19. UNDERTAKER Wm. Howard Miller
(Address) Pittsboro, Md.

20. FILED Oct. 23, 1933

C. C. Wolff
Registrar

21. DATE OF DEATH

October 22,

(Month)

1933

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from
June 22, 1933, to October 22, 1933.I last saw him alive on October 22, 1933; death is said
to have occurred on the date stated above, at 4:35 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Cerebral arterio-sclerosis

about

2 yrs.

ago

Other Contributory Causes of importance:

Chronic myocarditis

about

1 yr.

ago

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) _____

(Address) Cambridge, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

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V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

93-c

10068

1. PLACE OF DEATH

County DorchesterVillage or City Cambridge DelawareRegistration Dist. No. 112St. WardLength of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. if of foreign birth? ys. mos. ds.2. FULL NAME Sarah Baltimore(a) Residence: No. Vienna Md St. Ward.

If non-resident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
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5a. If married, widowed, or divorced
HUSBAND or
(or) WIFE ofLevin Baltimore

6. DATE OF BIRTH (month, day, and year)

7. AGE <u>71</u> Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>9</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<u>Housewife</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Vienna War. Co., Md13. NAME Pompey Stewart14. BIRTHPLACE (city or town)
(State or country) Md15. MAIDEN NAME 16. BIRTHPLACE (city or town)
(State or country) 17. INFORMANT C. B. Baltimore
(Address) Vienna18. BURIAL, CREMATION, OR REMOVAL
Place Vienna cemetery Date Oct 29, 193319. UNDERTAKER M. H. Clark
(Address) 308 Muir St, Cambridge Md.20. FILED Oct 29, 1933 Elizabeth Jr. Graft
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct.

(Month)

27

(Year)

22. I HEREBY CERTIFY. That I attended deceased from Oct 22, 1933 to Oct 27, 1933.I last saw her alive on Oct 22, 1933; death is said to have occurred on the date stated above, at 6 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchial asthma
and, myo CarditisChronic myocarditis. Duration 1
8 to 10 months. Cough

Other Contributory Causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? noIf so, specify (Signed) H. G. Frost M. D.(Address) 1400 Parkside Rd.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 8 1923
Chronic interstitial nephritis	1921
Cerebral hemorrhage	DUREAU V. S.

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10069

1. PLACE OF DEATH

County

Dorchester

23

Registration Dist. No.

116

Village or City

Cambridge

St.

Ward

Length of residence in city or town where death occurred

ND. (If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Annie Ethir Beckett

(a) Residence: Nd.

411 Pine

St. 2nd Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female Colored

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Frederick Beckett

6. DATE OF BIRTH (month, day, and year)

Unknown 1889

7. AGE

Years Months Days If LESS than
48 1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.

SAWYER, BODKEEPER, etc.

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

SAW MILL, BANK, etc.

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Woolford
Dor., Co. Md

MOTHER FATHER

13. NAME George Camper

14. BIRTHPLACE (city or town)
(State or country)

Dor., Co. Md

15. MAIDEN NAME Caroline Waters

16. BIRTHPLACE (city or town)
(State or country)

Dor., Co. Md

17. INFORMANT Frederick Beckett
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place DateMadison Oct. 19th, 193319. UNDERTAKER T. M. C. Coker
(Address)

308 Muir St., Cambridge, Md.

20. FILED Oct. 19, 1933
C. E. Wolfs

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct. 16th
(Month)1933
(Year)22. I HEREBY CERTIFY, That I attended deceased from
October 10, 1933, to October 16, 1933.I last saw her alive on October 16, 1933, death is said
to have occurred on the date stated above, at 6 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Tuberculous Pneumonia

Date of onset
Oct. 12, 1933

Other Contributory Causes of Importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. C. Coker M. D.
(Address) 227 Pine St., Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10070

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge Md. R.F.D.

Registration Dist. No. 116

St.

Ward

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Elizabeth A. Bramble.

(a) Residence: No. Cambridge Md. R.F.D.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED.
---------------	------------------------	--------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Joseph Bramble.

6. DATE OF BIRTH (month, day, and year) 3/4/1850

7. AGE 81	Years	Months 7	Days 3	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.	None
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	X
10. Date deceased last worked at this occupation (month and year)	X
	11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Dorchester County (State or country) Maryland.

13. NAME Not Known.

14. BIRTHPLACE (city or town) X (State or country) X

15. MAREN NAME Not Known.

16. BIRTHPLACE (city or town) X (State or country) X

17. INFORMANT Wm. John Bramble. (Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Bucktown Md. Date 10/9/33, 19

19. UNDERTAKER B. Granville S. LeCompte. (Address) Cambridge, Md.

20. FILED Oct 9, 1933 E. Z. Wolfe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 7

(Month)

(Day)

1933 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct 4, 1933, to Oct 6, 1933.

I last saw her alive on Oct 6, 1933; death is said to have occurred on the date stated above, at 120 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Seizure or Dystocia
Paroxysm

Date of onset
Sept. 19
1933

Other Contributory Causes of Importance:

Chronic Myo-carditis

1933

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did Injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Q. D. Taverne M. D.

(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY—WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1

STATE OF MARYLAND—CERTIFICATE OF DEATH

87-8

10071

1. PLACE OF DEATH

County DorchesterVillage or City Cambridge, Md.Registration Dist. No. 116

St.

Ward

Length of residence in city or town where death occurred years mos. ds. How long in U. S. if of foreign birth? years mos. ds.2. FULL NAME Fannie Gertrude Brannock(a) Residence: No. 500 Maryland Ave. St. 5 Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
----------------------	-------------------------------	--------------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daniel E. Brannock6. DATE OF BIRTH (month, day, and year) 6/12/1874

7. AGE Years <u>59</u>	Months <u>4</u>	Days <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	----------------	----------------------------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>X</u>	
10. Date deceased last worked at this occupation (month and year) <u>X</u>	11. Total time (years) spent in this occupation <u>X</u>

12. BIRTHPLACE (city or town)
(State or country) Calvert Co.13. NAME Isiah Prag.14. BIRTHPLACE (city or town)
(State or country) Germany15. MAIDEN NAME Jane Adler16. BIRTHPLACE (city or town)
(State or country) N. C.17. INFORMANT Mrs. D'Arcy Flowers
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date 10/29/3319. UNDERTAKER Granville LeCompte
(Address) Cambridge, Md.20. FILED Oct. 28, 1933 C. E. Wolff
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 27th(Month) October (Day) 27 (Year) 193322. I HEREBY CERTIFY. That I attended deceased from Jan 1930 to Oct 27, 1933; I last saw him alive on Oct 27, 1933; death is said to have occurred on the date stated above, at 4:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pericarditis
Arteritis
multiple Sclerosis
Thrush
Influenza

Date of onset
Jan 1930
1933
1933
1933
Oct 27
1933

Other Contributory Causes of Importance:

acute Cardiac decompensation

Oct 27
1933

Name of operation none Date of noneWhat test confirmed diagnosis? elusive Was there an autopsy? none

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury none, 1933

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury noneNature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Isabel Erving M. D.
(Signed) Isabel Erving
(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10072

1. PLACE OF DEATH

County

Dor. Co., Md

Village or City

Cambridge

24

Registration Dist. No.

116

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

2. FULL NAME

Blanche Cephas

(a) Residence: Nd.

15 Phillips St Cambridge St.

(usual place of abode)

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

John Cephas

6. DATE OF BIRTH (month, day, and year)

May 8, 1898

7. AGE

34

Years

Months

5

Days

11

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

Lev. Labor

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Hoopersville

Dor. Co., Md.

MOTHER FATHER

13. NAME

Levin T. Ross

14. BIRTHPLACE (city or town)

(State or country)

Hoopersville

Dor. Co., Md.

15. MAIDEN NAME

Elizabeth Ross

16. BIRTHPLACE (city or town)

(State or country)

Hoopersville

Dor. Co., Md.

17. INFORMANT

(Address)

Levin B. Triner

Hoopersville

18. BURIAL, CREMATION, OR REMOVAL

Place

Hoopersville Cemetery

Date Oct 22, 1933

19. UNDERTAKER

(Address)

A. M. Clark

308 Main St. Cambridge Md.

20. FILED

Oct. 21, 1933

C. C. Wolff

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 19

(Month)

(Day)

, 1933
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Oct. 5, 1933, to October 19, 1933

I last saw her alive on Oct. 19, 1933; death is said
to have occurred on the date stated above, at 24 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Pulmonary Embolism

Date of onset

10/19/33

Other Contributory Causes of Importance:

Abortion (natural probably 10/5/33
due to Syphilic Infection)

Name of operation: Dilatation & Curretage Date of 10/11/33

What test confirmed diagnosis: Operative Findings Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) A. S. Merriam M. O.
(Address) 126 Race St. Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10073

1. PLACE OF DEATH

County *Dorchester*

TOWN CORPORATE CITY

Village or City *Cambridge*Registration Dist. No. *116*

St.

Ward

No. *18 Phillips*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred *1 yr.*mos. *0* ds. How long in U.S. if of foreign birth? *0 yrs.* mos. *0* ds.2. FULL NAME *Infant Sophia Phillips*(a) Residence: No. *15* *Phillips*St. *15*

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*4. COLOR OR RACE *Colored*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *None*6. DATE OF BIRTH (month, day, and year) *Oct. 5-1933*

7. AGE

Years *Still born.* Months *0* Days *0* If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. *None*9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. *None*10. Date deceased last worked at
this occupation (month and
year) *None*11. Total time (years)
spent in this
occupation *None*12. BIRTHPLACE (city or town)
(State or country) *Md.*13. NAME *Charlie Jackson*14. BIRTHPLACE (city or town)
(State or country) *Md.*15. MAIDEN NAME *Blanche Davis*16. BIRTHPLACE (city or town)
(State or country) *Md.*17. INFORMANT *Birth certificate*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Cambridge* Date *Oct. 6*, 193319. UNDERTAKER *Charlie Jackson*
(Address) *Cambridge, Md.*20. FILED *Oct. 6, 1933* *E. W. W.*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Oct. 5*

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from
not at all, 19____, to 19____I last saw him _____ alive on _____, 19____; death is said
to have occurred on the date stated above, at *8 A.M.*The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Miscarriage - 4 p.m. mod.

Other Contributory Causes of Importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____, 19____

Where did Injury occur? _____

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *E. W. W.*M. D.
(Address) *Cambridge, Md.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10074

1. PLACE OF DEATH

County

Rochester

Village or City

near Salem

107-2

Registration Dist. No. 112

St.

Ward

Length of residence in city or town where death occurred

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
yr. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Dentia R. F. S.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (Write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct 18 1854

7. AGE

Years Months Days

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

William Moore

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Ellen Bookbinder

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oct 18, 1933

19. UNDERTAKER

(Address)

20. FILED

October 18, 1933 Elizabeth B. G. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct

(Month)

17

(Day)

1933
(Year)

22.

I HEREBY CERTIFY, That I attended deceased from Oct 17, 1933, to Oct 17, 1933, 1933

I last saw him alive on Oct 17, 1933; death is said to have occurred on the date stated above, at 1:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchitis pneumonia

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ M. D. _____

(Signed) _____

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10075

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County DorchesterVillage or City near E. N. Market Md.Registration Dist. No. 110

St.

Ward

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME not named (Clark) Still Born

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX f4. COLOR OR RACE B5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

10 30 - 33

7. AGE — Years —

Months —

Days —

If LESS than
1 day, _____ hrs.
or _____ min.OCCUPATION None8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

East New Market
(State or country) Dor. Md.

MOTHER FATHER

13. NAME Chas. L. Clark14. BIRTHPLACE (city or town) Dorchester Md
(State or country)15. MAIDEN NAME Agnes Leebliell16. BIRTHPLACE (city or town) Dor. Md
(State or country)17. INFORMANT Emma Conway
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Thompson Loco Date 31, 193319. UNDERTAKER Chas. Clark
(Address)20. FILED Oct 30, 1933 Chas. W. Hastings
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct
(Month)30th
(Day)1933
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

10/30/33, 1933, to 10/30/33, 1933I last saw her alive on dead 10/30, 1933, death is said
to have occurred on the date stated above, at 5:35 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Suffocated in Birth(Born with Caud)(saw it after birth)Second of twins birth

Other Contributory Causes of importance:

Breech presentation

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

Roger Myers

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10076

1. PLACE OF DEATH

County

Dorchester

Village or City

Golden Hill

Length of residence in city or town where death occurred

yrs.

mos.

ds. How long in U.S. if of foreign birth? yrs. mos. ds.

131

Registration Dist. No.

115

St.

Ward

2. FULL NAME

William Esmalls

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

m

brown

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Suey Gale

6. DATE OF BIRTH (month, day, and year)

Unknown 1868

7. AGE

Years

Months

Unknown

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Labourer

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

Farm

10. Date deceased last worked at
this occupation (month and
year)

1930

11. Total time (years)
spent in this
occupation

55

12. BIRTHPLACE (city or town)
(State or country)

Dorchester Co.

Maryland

(State or country)

FATHER

13. NAME

William Esmalls

MOTHER

14. BIRTHPLACE (city or town)
(State or country)

Dorchester

Md

15. MAIDEN NAME

Charlotte Ross.

Golden Hill, Md

16. BIRTHPLACE (city or town)
(State or country)

Golden Hill,

Md

17. INFORMANT

(Address)

William Meekins

18. BURIAL, CREMATION, OR REMOVAL

Place

Golden Hill, Md

Date

Oct. 7

1933

19. UNDERTAKER

(Address)

Lewis H. Bayne

20. FILED

Date

Cambridge, Md

1933

21. DEATH CERTIFIED

Name

James W. Meekins

22. DEATH CERTIFIED

Name

Fighting Creek, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct. 5

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 1, 1933, to Oct. 4, 1933

I last saw him alive on Oct. 4, 1933; death is said
to have occurred on the date stated above, at 4 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cause of death
Chronic Intestinal
Nephritis
Date of onset
1900

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What last confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? M.J.

If so, specify _____

(Signed) James W. Meekins M.D.

(Address) Fighting Creek, Md

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Name spelled Suggs on birth cert.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10077

116

1. PLACE OF DEATH

County

Car. Co., Md

Village or City

Cambridge

Length of residence in city or town where death occurred

Life yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Park Lane

St. Ward.

Registration Dist. No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

singles

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

July 22, 1933

7. AGE Years Months Days If LESS than
3 Mo. 2 1 day, hrs.
or min.

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

10. Date deceased last worked at
this occupation (month and
year)

12. BIRTHPLACE (city or town)
(State or country)

Cambridge
Car. Co., Md

13. NAME

James Suggs (Suggs)

14. BIRTHPLACE (city or town)
(State or country)

North Carolina

15. MAIDEN NAME

Janie Eunells

16. BIRTHPLACE (city or town)
(State or country)

Cambridge
Car. Co., Md

17. INFORMANT
(Address)

Janie Eunells
Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL
Place Date

Worrell Cemetery Oct. 22, 1933

19. UNDERTAKER
(Address)

Mrs. Clegg
308 Main St., Cambridge, Md

20. FILED Date
(Address)

Oct. 21, 1933
E. E. W. Jeff

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 21
(Month)
(Day)

1933
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw him alive on Not at all, 19; death is said
to have occurred on the date stated above, at between 9 & 10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Convulsions

Probably endocarditis

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

E. E. W. Jeff, M. D.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorization to change date of birth see birth certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10078

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Dorchester

Village or City Cambridge

Registration Dist. No. 116

St.

Ward

No. Cambridge, Maryland

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No.

421 Willis

St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>W</u> determined	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
----------------------------	---------------------------	-------------------------------------------------------------------------

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Oct 29-33

7. AGE <u>#</u>	Years <u>#</u>	Months <u>#</u>	Days <u>#</u>	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
--------------------	-------------------	--------------------	------------------	----------------------------------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Md

MOTHER

FATHER

13. NAME Julian Evans14. BIRTHPLACE (city or town)
(State or country)

Md

15. MAIDEN NAME Jessie Forrest16. BIRTHPLACE (city or town)
(State or country)

Md

17. INFORMANT
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place

Buried at hospital Date Oct 30, 1933

19. UNDERTAKER
(Address)

20. FILED Oct 30, 1933 C. E. Wolff, Registrar

21. DATE OF DEATH

Oct 29, 1933
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19, 19

I last saw him alive on , 19, ; death is said

to have occurred on the date stated above, at .
p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Malaria - 4-5 weeks

Data of onset

Other Contributory Causes of importance:

Name of operation None Date of NoneWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John H. Strayer, Jr. M. D.
(Address) Cambridge

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic interstitial nephritis
Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact STATEMENT of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10079

1. PLACE OF DEATH

County

Dorchester

46

Registration Dist. No.

116

CORPORATE LIMITS

Village or City

Cambridge, Md.

St.

Ward

Length of residence in city or town where death occurred

17

yrs.

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Robert Ledge Hamill.

(a) Residence: No.

Hambrooks Blvd.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGertrude Wolfe,
May 1, 1862

6. DATE OF BIRTH (month, day, and year)

May 1, 1862

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

71

5

29

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Retired
Mining Engineer.

11. Total time (years) spent in this occupation

50 yrs

12. BIRTHPLACE (city or town)
(State or country)New York City.
N.Y.

MOTHER FATHER

13. NAME

George W. Hamill

14. BIRTHPLACE (city or town)
(State or country)Baltimore,
Md.

15. MAIDEN NAME

Sarah Ledge.

16. BIRTHPLACE (city or town)
(State or country)

Scotland.

17. INFORMANT

Mrs. Robert W. Hamill.
(Address)

Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place White Plains N.Y. Nov. 1, 1933

Reservoir Cemetery

19. UNDERTAKER

Frank E. Albaugh.
(Address)

Cambridge, Md.

20. FILED

Oct 31, 1933

C. C. Wolff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct. 30, 1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

1931 to Oct 30, 1933.

I last saw him alive on Oct 30, 1933; death is said to have occurred on the date stated above, at 6:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma
Esophagus - StomachDate of onset
Jan 1, 1931

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Joe K. Shriver, Jr. M. D.
(Address) Cambridge, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

68-29-27
1931-5561
1981-1981

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10080

1. PLACE OF DEATH

County

Cambridge, Md.

111

Registration Dist. No.

116

Village or City

St. Ward

Length of residence in city or town where death occurred

yrs. 3 mos. 0 ds. How long in U. S. if of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No.

John R. Hughes.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years Months Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Unknown.

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Ruth J. Hughes.

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Cambridge, Md. Date: Oct. 28, 1933.

19. UNDERTAKER

(Address)

20. FILED

Oct. 28, 1933.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 28th, 1933
(Month) (Day) (Year)

22. I HEREBY CERTIFY that I attended deceased from

Oct. 27th, 1933, to Oct. 28th, 1933.I last saw him alive on October 27th, 1933, death is said to have occurred on the date stated above, at 6:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Marasmus. Oct. 26, 1933.

Other Contributory Causes of importance:

Pyrexia, infection of sigmoid colon.

Name of operation: None Date of: None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury: None

Where did injury occur? None

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

None

Manner of injury: None

Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: None

(Signed) Frank J. Albany, M. D.

(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10081

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Dorchester

Village or City

Cambridge

Registration Dist. No.

116

St., Ward

No. Cam-O-Ma Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Infant Hughes

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Blk

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct 30 1933

7. AGE

Years

Months

Days

If LESS than
1 day, 0 hrs.
or 0 min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

None

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)f1. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Md

MOTHER

FATHER

f3. NAME

Arthur Cefass

f4. BIRTHPLACE (city or town)
(State or country)

Md

15. MAIDEN NAME

Clara Hughes

16. BIRTHPLACE (city or town)
(State or country)

Md

f7. INFORMANT

(Address)

Clara Hughes

f8. BURIAL, CREMATION, OR REMOVAL

Place

Burial in Md

Date

Oct 30, 1933

f9. UNDERTAKER

(Address)

Birtha Hughes Grandmother

Burlock

Md

20. FILED

Oct 30, 1933

E. C. Wolff

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 30

(Month)

(Day)

, 1933
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19

, to

I last saw him alive on , f9. ; death is said
to have occurred on the date stated above, at 109 C.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Premature Birth
6 week.

Date of onset

Other Contributory Causes of importance:

Name of operator Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) *John J. Shriver Jr.* M. D.(Address) *Cambridge Md*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10082

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Dorchester

Village or City

(Md.) Cambridge

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

152 Race St. Cambridge

(Usual place of abode)

Ward.

Registration Dist. No.

116

St.

Ward

No. 152 Race St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct. 29, 1933

7. AGE

Years

#

Months

#

Days

#

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Cambridge

FATHER

13. NAME

Howard Spear

14. BIRTHPLACE (city or town)
(State or country)

Md.

MOTHER

15. MAIDEN NAME

Lily Jones

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT

Fannie Taylor Lily Jones

(Address)

152 Race St. Cambridge

Place Oct. 30, 1933

Date

19. UNDERTAKER

(Address)

Lucille Taylor Lily Jones

152 Race St. Cambridge

Place

Oct. 30, 1933

Date

C. E. Wolff

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Stillborn

Oct.

29

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Oct. 29, 1933, to Oct. 29, 1933

I last saw her alive on Stillborn, 1933; death is said to have occurred on the date stated above, at 11:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Intra Uterine Death
of foetus (8 mos)

Date of onset

about
Oct. 24, 1933

Other Contributory Causes of importance:

Lues (Maternal)

?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19.

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) F. J. Mercier

M. D.

(Address) 126 Race St. Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

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STATE OF MARYLAND—CERTIFICATE OF DEATH

10084

1. PLACE OF DEATH

County Dorchester

THIS CORPORATION LIES IN

Village or City Cambridge

Length of residence in city or town where death occurred

yrs. 1 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.Registration Dist. No. 116No Cambridge, Maryland Street Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No. 412 Willis

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
--------------------	-------------------------------	-------------------------------------------------------------------------

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) <u>Oct 3-1953</u>

7. AGE Years <u>4</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day <u>0</u> hrs. or <u>0</u> min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u>

10. Date deceased last worked at this occupation (month and year) <u>Oct 3-1953</u>	11. Total time (years) spent in this occupation <u>0</u>
-------------------------------------------------------------------------------------------	----------------------------------------------------------------

12. BIRTHPLACE (city or town) (State or country) <u>Md</u>

13. NAME <u>Wm A. LeCompte</u>

14. BIRTHPLACE (city or town) (State or country) <u>Md</u>

15. MAIDEN NAME <u>Viola B. Wallace</u>

16. BIRTHPLACE (city or town) (State or country) <u>Md</u>

17. INFORMANT <u>Viola B. LeCompte</u>

(Address) 412 Willis Rd

18. BURIAL, CREMATION, OR REMOVAL Place <u>Buried at Hospital</u>

Date Oct 4, 1953

19. UNDERTAKER <u>Orderly at hospital</u>

(Address) Cambridge, Md

20. FILED <u>Oct. 4, 1953</u>

S.E. Woff

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct
(Month)3
(Day)1933
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Oct 3, 1953 to Oct 3, 1953I last saw him alive on Oct 3, 1953; death is said to have occurred on the date stated above, at 10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

I stillborn due to
Macarriage at 3 mos

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. F. Shaver M. D.(Address) Cambridge, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

	Date of onset

Other contributory causes of importance:

	Date of onset
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

	Date of onset

Other contributory causes of importance:

	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10085

1. PLACE OF DEATH

County Dorchester

(131)

Registration Dist. No. 116

Village or City Airey's Md.

X

St.

Ward

Length of residence in city or town where death occurred 55 yrs.

No. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Marshall.

(a) Residence: No. Airey's Md.

St. Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Wm. J. Marshall Sr.

6. DATE OF BIRTH (month, day, and year) 11/15/1859

7. AGE

Years

73

Months

10

Days

26

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

House Wife

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

X

10. Date deceased last worked at
this occupation (month and
year)

X

11. Total time (years)
spent in this
occupation X

12. BIRTHPLACE (city or town)

(State or country)

Dorchester County
Maryland.

MOTHER FATHER

13. NAME Chas W. Phillips.

14. BIRTHPLACE (city or town) Dorchester County
(State or country) Maryland.

15. MAIDEN NAME Julia Bilzzard.

16. BIRTHPLACE (city or town) Dorchester County
(State or country) Maryland.

17. INFORMANT

L. B. Marshall

(Address) Airey's Md.

18. BURIAL, CREMATION, OR REMOVAL

Place East New Market Date Md. 10/14/33

19. UNDERTAKER Granville S. LeCompte.

(Address) Cambridge, Md.

20. FILED Oct. 14, 1933.

C. C. Wolff

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 11th

(Month)

3

(Day)

1933

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

August 17, 1933, to October 11, 1933.

I last saw her alive on Oct. 11, 1933; death is said
to have occurred on the date stated above, at 11:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Generalized arteriosclerosis
Hypertension
Cerebral apoplexy
Myocardial failure, acute

Date of onset

2 yrs

1 month

2 days

3 days

Other Contributory Causes of Importance:

Cerebral arteriosclerosis nephritis ?

Name of operation

None

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

Wife of Dr. Paul

(Address) Cambridge, Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10086

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge, Md.

82-a

Registration Dist. No. 116

St.

Ward

Length of residence in city or town where death occurred

22

yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen W. McBride.

(a) Residence: No. 112 Choptank Ave.

(Usual place of abode)

St. I. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late J. Irving McBride.

6. DATE OF BIRTH (month, day, and year) 7/28/1862.

7. AGE	Years	Months	Days	IF LESS than 1 day, _____ hrs. or _____ min.
	71	2	18	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	House Wife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	X
10. Date deceased last worked at this occupation (month and year)	X
11. Total time (years) spent in this occupation	X

12. BIRTHPLACE (city or town)
(State or country) Dorchester County
Maryland.

13. NAME James T. Windsor.

14. BIRTHPLACE (city or town)
(State or country) Dorchester Co.
Maryland. Md.

15. MADIOEN NAME Ann Elizabeth Aikman.

16. BIRTHPLACE (city or town)
(State or country) Dorchester County
Maryland. Md.17. INFORMANT
(Address) Mrs Chas Pattison.
R.F.D. Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date 10.18/33.19. UNDERTAKER
(Address) Granville S. LeCompte.
Cambridge, Maryland.20. FILED Oct 17, 1933 E. E. Wolf
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 16th, 1933
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw h. alive on Oct 15, 1933; death is said to have occurred on the date stated above, at 3 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

10/14/33

Other Contributory Causes of Importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury 19

Where did injury occur? —

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed)

M. D.

H. E. Steele
Cambridge, Md.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

Cerebral hemorrhage	July 5, 1927
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Other contributory causes of importance:

Gallstones	May 1, 1928
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10087

1. PLACE OF DEATH

County DorchesterVillage or City Hurlock

956

Registration Dist. No. 110St. Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Myra A. Nelson

(a) Residence: No.

Hurlock, Md., St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEli Nelson, decd.

6. DATE OF BIRTH (month, day, and year)

April 8" 1866

7. AGE

Years
67Months
5Days
29If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 7" 193311. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town)

(State or country)

Dorchester Co.Md.

MOTHER

FATHER

13. NAME

Tilghman Hackett

14. BIRTHPLACE (city or town)

(State or country)

Dorchester Co.Md.

15. MAIDEN NAME

Caroline Adams

16. BIRTHPLACE (city or town)

(State or country)

Dorchester Co.Md.

17. INFORMANT

(Address)

Mrs. Myra GlareHurlock, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Hurlock, Md.Date Oct. 7" 1933

19. UNDERTAKER

(Address)

S. T. Frank & SonFederalsburg, Md.

20. FILED

Oct 8" 1933

Chas W Hastings

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 7

(Month)

(Day)

1933 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct 7, 1933 to Oct 7, 1933; death is saidto have occurred on the date stated above, at 11:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Cardiac Dilatation

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

W. W. Knotts
M. D.
Federalsburg, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	
Chronic interstitial nephritis	NOV 8, 1921
Cerebral hemorrhage	

BUREAU

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10088

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County PotomacVillage or City Gulden Mills

Length of residence in city or town where death occurred

yrs.

mos.

ds.

No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St. 115 Ward

If foreign birth? yrs. mos. ds.

2. FULL NAME Francis Eugene Mills(a) Residence: No. 1

(Usual place of abode)

St. 1 Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>
--------------------	-------------------------------	---------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofAnne Leland

6. DATE OF BIRTH (month, day, and year)

June 2-1853

7. AGE <u>80</u>	Years	Months <u>3</u>	Days <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired10. Date deceased last worked at this occupation (month and year) June 193111. Total time (years) spent in this occupation 6812. BIRTHPLACE (city or town) Fishing Creek
(State or country) Virginia13. NAME William Henry Mills14. BIRTHPLACE (city or town) Accomac
(State or country) Virginia15. MAIDEN NAME Mary M. Gooler16. BIRTHPLACE (city or town) Accomac, Gulden Mills, Maryland
(State or country) Virginia17. INFORMANT Charles Mills
(Address) Gulden Mills, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date Oct. 8, 193319. UNDERTAKER G. S. LeCompte
(Address) Cambridge, Md.20. FILED Oct. 8, 1933 James W. Mealey
(Address) Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 8

(Month)

(Day)

1933
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

May 2, 1932, to Oct. 8, 1933I last saw him alive on Oct. 8, 1933; death is said to have occurred on the date stated above, at 9:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Hypertrophy
Prostate

Date of onset

1900

Other Contributory Causes of Importance:

Hydrocephalus
and
General Edema

Sept. 10/33

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) James W. Mealey M. D.
(Address) Fishing Creek, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10089

1. PLACE OF DEATH

County DorchesterVillage or City Madison, Md.

No.

157-2

Registration Dist. No.

II 6

St.

Ward

Length of residence in city or town where death occurred 9 yrs. 9 mos. 9 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Bobby Sydney Moore(a) Residence: No. Madison, Md.St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
--------------------	-------------------------------	-------------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofInfant.6. DATE OF BIRTH (month, day, and year) 1/23/35

7. AGE Years <u>x</u>	Months <u>9</u>	Days <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.
-----------------------	-----------------	---------------	----------------------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

x

10. Date deceased last worked at this occupation (month and year)

x11. Total time (years) spent in this occupation x12. BIRTHPLACE (city or town) Dorchester, Co.
(State or country) Md.13. NAME Samuel Moore14. BIRTHPLACE (city or town) Dorchester Co.
(State or country) Md.15. MAIDEN NAME Sadie Cox.16. BIRTHPLACE (city or town) Dorchester Co.
(State or country) Md.17. INFORMANT Samuel Moore.
(Address) Madison, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Madison, Md. Date Oct 30, 193519. UNDERTAKER Granville S. LeCompte.
(Address) Cambridge, Maryland.20. FILED Oct 30, 1935 C. E. Wolff
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 28th, 1935
(Month) (Day) (Year)22. I HEREBY CERTIFY That I attended deceased from Oct 27, 1935 to Oct 28, 1935I last saw him alive on Oct 27, 1935; death is said to have occurred on the date stated above, at 3:05 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Congenital Heart Disease

Date of onset

Other Contributory Causes of Importance:

Name of operation None Date of NoneWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Dr. H. Shriver, Jr. M. D.
(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

48

16090

1. PLACE OF DEATH

County Dorchester
Village or City Brookview

Registration Dist. No. 110St. WardLength of residence in city or town where death occurred years mos. ds. How long in U. S. If of foreign birth? years mos. ds.2. FULL NAME Elizabeth Ellen Murphy(a) Residence: No. Rhodesdale, Md. R.F.D. St. Ward. (Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of Capt. John A. Murphy
(or) WIFE of6. DATE OF BIRTH (month, day, and year) March 28" 1881

7. AGE <u>52</u> Years	Months <u>6</u>	Days <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	----------------	----------------------------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House-work</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brookview
(State or country) Md13. NAME Capt. Dale Vane14. BIRTHPLACE (city or town) Brookview
(State or country) Md15. MAIDEN NAME Mary E. Brinsfield16. BIRTHPLACE (city or town) Brookview
(State or country) Md17. INFORMANT Capt. John A. Murphy
(Address) Rhodesdale, Md. R.F.D.18. BURIAL, CREMATION, OR REMOVAL
Place Brookview, Md. Date Oct. 16" 193319. UNDERTAKER S. T. Franklin & Son
(Address) Federal Building, Md.20. FILED Oct 15" 1933 Chas W Hastings
Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 16"(Month) Oct (Day) 16 (Year) 193322. I HEREBY CERTIFY, That I attended deceased from Oct 11th 1933, to 14th 1933I last saw her alive on Oct 11th, 1933; death is said to have occurred on the date stated above, at 12-30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Paroxysm of illness

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) G. Roger Myers

M. D.

(Address) 16090, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10091

1. PLACE OF DEATH

County Dorchester

59

Registration Dist. No. 110Village or City HurlockSt. WardLength of residence in city or town where death occurred 1 yrs. mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. mos. 0 ds.2. FULL NAME Turpin T. Neal(a) Residence: No. 1 Hurlock, Md.
(Usual place of abode)St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

Mar. 3rd 1864

7. AGE

Years 69Months 7Days 2If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Retired FarmerIndustry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.9. Date deceased last worked at
this occupation (month and
year) Oct 1411. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Dorchester Co.Md.13. NAME Turpin W. Neal14. BIRTHPLACE (city or town)
(State or country)Sussex Co.Md.15. MAIDEN NAME Henrietta Hackett16. BIRTHPLACE (city or town)
(State or country)Dorchester Co.Md.17. INFORMANT Miss Edeline Neal
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul Md. Date Oct 8, 193319. UNDERTAKER S. J. Franklin & Son
(Address)20. FILED Oct 16, 1933 Chas W. Hartman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

10 5 - 1933
(Month) (Day) (Year)

22. HEREBY CERTIFY, That I attended deceased from

Oct 5, 1933, to Oct 5, 1933; death is said

I last saw him alive on Oct 5, 1933; to have occurred on the date stated above, at 7:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Diabetes Mellitus 1923

Date of onset

Other Contributory Causes of importance:

Chronic Myocarditis 1933

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? W

If so, specify _____

(Signed)

W. W. Hartman

M. D.

Federal Bldg., Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 6 1923	Date of onset	1915
Chronic interstitial nephritis			1921
Cerebral hemorrhage	BUREAU V.B.	Date of onset	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10092

116

Registration Dist. No.

1. PLACE OF DEATH

County BucktawVillage or City Bucktaw

No.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Bobby Cookett

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m male

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Stillton

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

8. OCCUPATION

Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

9.

Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

10.

Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Bucktaw

MOTHER

FATHER

13. NAME

Robert Cookett Perry

14.

BIRTHPLACE (city or town)
(State or country)Bucktaw

15.

MAIDEN NAME

Kathryn Cookett

16.

BIRTHPLACE (city or town)
(State or country)Bucktaw

17.

INFORMANT

(Address)

Mary Cookett

18.

BURIAL, CREMATION, OR REMOVAL

Place

Discreet homeDate Oct. 11, 1933

19.

UNDERTAKER

(Address)

Mary Cookett Grandmother

20.

FILED

Oct. 10, 1933E. E. Walp

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 16

(Month) (Day)

, 1933
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

_____, to _____, 19_____, deceased died on _____, 19_____, death is said

to have occurred on the date stated above, at _____, m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Congestive heartabout 6 mo
StilltonDate of onset
10-10-33

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____,

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Constance Cookett M. O.(Address) Cambridge Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*For authorization to change father's name
see later filed under old chair*

STATE OF MARYLAND—CERTIFICATE OF DEATH

10093

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
man	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
Steeleborn				

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME	Thomas Cleveland Rippson
14. BIRTHPLACE (city or town)	Hopewell, Va.

15. MAIDEN NAME	Mary Theodore Adams
16. BIRTHPLACE (city or town)	Hopewell, Va.

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct. 9
(Month)

(Day)

1933
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 9, 1933, to Oct. 9, 1933

I last saw Steeleborn Oct. 9, 1933, death is said to have occurred on the date stated above, at 7:25 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Asphyxia

Date of onset

Oct. 9, 1933

Other Contributory Causes of Importance:

Respiratory Infection
PlacentaName of operation hysterectomy Date of Oct. 9, 1933What test confirmed diagnosis? Cervical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19_____

Where did Injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify _____ (Signed) James W. Meeks M. D.(Address) 1100 W. Meeks, Balt., Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10094

1. PLACE OF DEATH

County Dorchester (23)Village or City Bishop's Head

No.

Registration Dist. No.

119

St., Ward

Length of residence in city or town where death occurred 21 yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Dorothy Alene Robinson
(a) Residence: No. Bishop's Head, Md. Ward.

(usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
<u>Female</u>	<u>White</u>	<u>Single</u>

5e. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofSingle

6. DATE OF BIRTH (month, day, end year)

2/15/1912

7. AGE

Years

Months

Days

IF LESS than
1 day, _____ hrs.
or _____ min.

21

8

3

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

—

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Dorchester Co., Md.

MOTHER FATHER

13. NAME Archie P. Robinson14. BIRTHPLACE (city or town)
(State or country)Bishop's Head, Md.15. MAIDEN NAME Late Grace P. Murphy16. BIRTHPLACE (city or town)
(State or country)Bishop's Head, Md.17. INFORMANT Archie P. Robinson
(Address)Bishop's Head, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Bishop's Head, Md. Date 10/10/3319. UNDERTAKER 45th Cemetery
(Address)Chestertown, Md.20. FILED Oct 18 1933Wilson D. Pitchell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 18

(Month)

(Day)

3
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

June 30, 1933 to Oct 17, 1933I last saw her alive on Oct 17, 1933; death is said to have occurred on the date stated above, at 11:45 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Tuberculosis of LungsDate of onset
Nov 1932

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did Injury occur? _____ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) P. A. Fawver M. D.
(Address) Baltimore, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 4 1933	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10095

116

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge, Md.

73

Registration Dist. No.

116

No. Cambridge Md. Hospital St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gloria Ann Robison.

(a) Residence: No. Cambridge, Md.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Infant

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

x Infant

6. DATE OF BIRTH (month, day, and year)

5/6/33.

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

5

23

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Infant

Date of onset

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

x

10. Date deceased last worked at this occupation (month and year)

x

11. Total time (years) spent in this occupation

x

12. BIRTHPLACE (city or town)
(State or country)

Dorchester Co. Md.

MOTHER FATHER

13. NAME Alonza Lincoln Robison.

14. BIRTHPLACE (city or town)
(State or country)

Dorchester Co. Md.

15. MAIDEN NAME Mary Ellen Robison,

16. BIRTHPLACE (city or town)
(State or country)

Dorchester Co. Md.

17. INFORMANT Alonza Robison.
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date 10/31/3319. UNDERTAKER Granville S. LeCompte.
(Address) Cambridge, Md.20. FILED Oct 31, 1933 E. C. Wolff
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October

29th

1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 5, 1933, to Oct 29, 1933

I last saw deceased alive on Oct 29, 1933; death is said

to have occurred on the date stated above, at 10 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Infantile Anemia
probable
Banti's Disease

Date of onset

Date of onset

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Chemical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wylie M. Fair

M. D.

(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10096

1. PLACE OF DEATH

County DorchesterVillage or City Cambridge

Length of residence in city or town where death occurred

yrs. 1 mos. 0 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.Registration Dist. No. 116

St.

Ward

No. Cambridge Md. 10996

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Infant St. Clair(a) Residence: No. 317 High (Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct. 27 '33

7. AGE

Years 0Months 0Days 0If LESS than
1 day, 0 hrs.
or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Md

MOTHER FATHER

13. NAME Herbert M. St. Clair14. BIRTHPLACE (city or town)
(State or country)Md15. MAIDEN NAME Alameda Dubank16. BIRTHPLACE (city or town)
(State or country)New Mexico

17. INFORMANT

(Address) Alameda St. Clair

18. BURIAL, CREMATION, OR REMOVAL

Place Waugh Cemetery Cambridge Md Date Oct. 28 '33

19. UNDERTAKER

(Address) 308 Main St. Cambridge Md

20. FILED

(Date) Oct. 28, 1933 (Signature) C. C. Wolff

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 17

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19

to

, 19

I last saw h. alive on

, 19

; death is said

to have occurred on the date stated above, at 7-40 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillborn

Date of onset

Other Contributory Causes of importance:

Name of operation

Data of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Joe. R. Shriver Jr. M. D.(Address) Cambridge Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10098

1. PLACE OF DEATH

County Dorchester.

Village or City Cambridge, Md.

(131)

Registration Dist. No.

116

St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph W. Simmons.

(a) Residence: No. 214 Choptank Ave. St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
-------------	------------------------	--------------------------------------------------------------------

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
Nora S. Wroten.

6. DATE OF BIRTH (month, day, and year) Dec. 10, 1868.

7. AGE Years 64	Months 10	Days 16	If LESS than 1 day, hrs. or min.
-----------------	-----------	---------	----------------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
Insurance Collector.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Dorchester Co.
Md.

13. NAME Robert Simmons.

14. BIRTHPLACE (city or town)
(State or country) Dorchester Co.
Md.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT Edgar Simmons.
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date Oct. 29, 193319. UNDERTAKER Frank E. Albaugh.
(Address) Cambridge, Md.20. FILED Oct. 28, 1933 E. C. Wolf,
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct. 26, 1933

(Month) (Dey) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Oct. 26, 1933 to Oct. 26, 1933

I last saw him alive on Oct. 26, 1933; death is said to have occurred on the date stated above, at 7 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myopathy
Acute Alkalosis
Chronic Prostatitis

Date of onset

area

1933

1933

1933

1933

1933

1933

1933

Other Contributory Causes of Importance:

Acute Cardiac
Alkalosis

Oct. 26

1933

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank E. Albaugh, M. D.

(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10097

1. PLACE OF DEATH

County Dorchester
Village or City Brookview

34

Registration Dist. No. 110St. WardLength of residence in city or town where death occurred 1 yrs. 1 mos. 1 ds. How long in U. S. if of foreign birth? 1 yrs. 1 mos. 1 ds.2. FULL NAME McKinley Simbles(a) Residence: No. Rhodesdale Tnd. R.F.D. St. (Day) Ward.
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofAlice Simbles

6. DATE OF BIRTH (month, day, end year)

Aug. 10" 19107. AGE 23 Years 2 Months 20 Days If LESS than
1 day, 0 hrs.
or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

July 193311. Total time (years) spent in this occupation lifeJacksonville
Florida

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

No data

MOTHER FATHER

14. BIRTHPLACE (city or town)
(State or country)" " "

15. MAIDEN NAME

" " "16. BIRTHPLACE (city or town)
(State or country)" " "

17. INFORMANT

(Address) Rhodesdale, Tnd. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Federalsburg, Tnd. Date Oct. 30" 1933

19. UNDERTAKER

(Address) John T. Chapman & Son

20. FILED

Date Oct. 30" 1933 Chas. W. Hastings
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct. 30th
(Month) (Day), 1933
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Oct 27, 1933 to Oct 29, 1933I last saw him alive on Oct 21, 1933; death is said to have occurred on the date stated above, at 9 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Syphillis

Date of onset

Oct 25

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W.S. Tuckley, M.D.
(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED

Arteriosclerosis

Chronic interstitial nephritis NOV 8 1923

Cerebral hemorrhage

BUREAU VS

Other contributory causes of importance:

Gallstones

Date of onset	Date of onset
1915	Attack of epilepsy
1921	Run over by street car
July 5, 1927	Peritonitis

Date of onset	Date of onset
1 week ago	Attack of epilepsy
1 week ago	Run over by street car
3 days ago	Peritonitis

Date of onset	Date of onset
1 week ago	Attack of epilepsy
1 week ago	Run over by street car
3 days ago	Peritonitis

Date of onset	Date of onset

Date of onset	Date of onset

Date of onset	Date of onset

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset	Date of onset
1 week ago	Attack of epilepsy
1 week ago	Run over by street car
3 days ago	Peritonitis

Date of onset	Date of onset
1 week ago	Attack of epilepsy
1 week ago	Run over by street car
3 days ago	Peritonitis

Date of onset	Date of onset

Date of onset	Date of onset

Date of onset	Date of onset

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10099

1. PLACE OF DEATH

County DorchesterVillage or City Cambridge, Md.

(131)

Registration Dist. No. II 16N^o. Cambridge Md Hospital St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Clara J. Smith.(a) Residence: N^o. James Md., (Douch.)
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
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5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofAlmer H. Smith.6. DATE OF BIRTH (month, day, and year) 1860

7. AGE Years <u>73</u>	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. House Wife9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X10. Date deceased last worked at this occupation (month and year) 9/1/3311. Total time (years) spent in this occupation 3812. BIRTHPLACE (city or town)
(State or country) Ill.13. NAME Jno M. Moulton.14. BIRTHPLACE (city or town)
(State or country) Ill.15. MAIDEN NAME M. J. Vandenmont16. BIRTHPLACE (city or town)
(State or country) Ill.17. INFORMANT A. H. Smith
(Address) James Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date 10/15/3319. UNDERTAKER Granville S. LeCompte.
(Address) Cambridge, Md.20. FILED Oct 15, 1933 C. E. Wolf
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 15th(Month) October (Day) 15 (Year) 193322. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1933 to October 13, 1933I last saw her alive on October 13, 1933; death is said to have occurred on the date stated above, et al. 8:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio-Sclerotic
Cardio-renal diseaseChronic nephritis. Duration two years.

Other Contributory Causes of importance:

Uremia

Date of onset

?

10/11/33

Name of operation None Date of 19What test confirmed diagnosis? Exams Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____ 19 _____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John Moulton Jr. M. D.(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T

STATE OF MARYLAND—CERTIFICATE OF DEATH

10100

1. PLACE OF DEATH

County Dorchester

(13)

Registration Dist. No. II6

St.

Ward

Village or City Cambridge, Md.

R. F. D.

Length of residence in city or town where death occurred 76 yrs.

mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Spedden.

(a) Residence: No. Hudson, Md. (Dorchester) St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Late John Spedden.

6. DATE OF BIRTH (month, day, and year) 3/6/1857.

7. AGE Years 76	Months 7	Days 24	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

13. NAME William Spedden.

14. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

15. MAIDEN NAME Emily Spedden.

16. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

17. INFORMANT Mrs. Carrie A. Spedden. (Address) Hudson, Md.

18. BURIAL, CREMATION, OR REMOVAL Place James. Date 11/1/33, 19

19. UNDERTAKER Granville S. LeCompte. (Address) Cambridge, Md.

20. FILED Oct 31, 1933. C. C. Wolff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 30
(Month)1933
(Year)

22. HEREBY CERTIFY, That I attended deceased from October 29, 1933 to October 29, 1933.

I last saw her alive on Oct. 29, 1933; death is said to have occurred on the date stated above, at 9 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic nephritis

renema

Date of onset

10-21-33

Other Contributory Causes of Importance:

Generalized arteritis

celitis

?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Celia M. Tamm
(Address) Cambridge, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10101

1. PLACE OF DEATH

County Wor. Co.

(173)

Registration Dist. No. 173

Village or City Cumberland (Hospital)

St., Ward

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Whit Stalling(a) Residence: ND. Reeds Grove (Doroch) St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5a. If married, widowed, or divorced
 HUSBAND of unknown
 (or) WIFE of Address wife unknown

6. DATE OF BIRTH (month, day, end year) March 27, 1903

7. AGE <u>30</u>	Years	Months <u>6</u>	Days <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laboer
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm
 10. Date deceased last worked at this occupation (month and year) OCT 14 11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) North Carolina
 (State or country)

13. NAME George Stalling
 14. BIRTHPLACE (city or town) North Carolina
 (State or country)

15. MAIDEN NAME unknown
 16. BIRTHPLACE (city or town) unknown
 (State or country)

17. INFORMANT Whit Stalling
 (Address) Reeds Grove18. BURIAL, CREMATION, OR REMOVAL
 Place Waugh Cemetery Date Oct 19, 193319. UNDERTAKER W.M. Clew
 (Address) 308 Main St. Cumberland Md.20. FILED Oct 19, 1933 E. C. Wolff
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 18(Month) Oct (Day) 18 (Year) 193322. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933, to Oct 18, 1933I last saw him alive on Oct 18, 1933; death is said to have occurred on the date stated above, at 4:35 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Toxemia from
Gas Bacillus Gangrene
& infection of arm Data of onset
Oct 16

Other Contributory Causes of importance:

Gunshot wound RT
upper arm (Shotgun)
Homicidal

Name of operation Free Induction Date Oct 18What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Oct 14, 1933Where did injury occur? Reeds Grove Dorchester Co. Md.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Shot gun woundNature of Injury Penetrating wound RT upper arm24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify W.M. Clew(Signed) E. C. Wolff M. D.(Address) 126 East Cambridge St.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10102

1. PLACE OF DEATH

County

Dorchester

Village or City Cambridge Camb. Hospital

173

Registration Dist. No. 116

116

St.

Ward

Length of residence in city or town where death occurred

Inhurum mos. 11 ds. How long in U.S. if of foreign birth? 1 yrs. 11 mos. 11 ds.

2. FULL NAME

Oneitha Standey

(a) Residence: No. Cambridge R. F. B. St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female Colored single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct 8, 1920

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

13

0

15

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

House work

MOTHER / FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

C. E. Wolff

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 31

(Month)

(Day)

1933
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

19

to

19

; death is said

I last saw h. alive on _____, 19____; death is said to have occurred on the date stated above, at _____, m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bullet wound
in neck

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 10/31/33

Where did injury occur?

Place

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Industry

Manner of Injury

Hunting

Nature of Injury

Bullet wound

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

I

STATE OF MARYLAND—CERTIFICATE OF DEATH
10103

1. PLACE OF DEATH

County Dorchester
Incorporated Cambridge, Md.

Registration Dist. No. II 6

10103

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mary Leonard Stewart.(a) Residence: No. High Street.St. Ward. I

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed.</u>
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5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late J. Alfred Stewart.

6. DATE OF BIRTH (month, day, and year) 9/14/1880

7. AGE <u>53</u>	Years	Months <u>x</u>	Days <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>	
9. Industry or business in which work was done, as SAW MILL, SAW MILL, BANK, etc. <u>x</u>	
10. Date deceased last worked at this occupation (month and year) <u>x</u>	11. Total time (years) spent in this occupation <u>x</u>

12. BIRTHPLACE (city or town) James Island, Md.
(State or country)13. NAME James C. Leonard.14. BIRTHPLACE (city or town) James Island, Md.
(State or country)15. MAIDEN NAME Louise Mills.16. BIRTHPLACE (city or town) Dorchester County, Md.
(State or country)17. INFORMANT Miss Grace Leonard.
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date 10/16/3319. UNDERTAKER Granville S. LeCompte.
(Address) Cambridge, Maryland.20. FILED Oct 16, 1933 C. E. Wolff
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 14(Month) Oct(Day) 14(Year) 193322. I HEREBY CERTIFY, That I attended deceased from 19 to Oct 14, 1933; death is saidI last saw him alive on Oct 14, 1933; death is said to have occurred on the date stated above, at 11 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cancer Carcinoma of
neck Regional Metastasis
Primary in skin, on side of
her neck. Death.

Data of onset

3/9/33
pm
death

Other Contributory Causes of importance:

Name of operation None Date of 1933

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury 1933

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? YesIf so, specify Miss Steel(Signed) C. E. Wolff M. D.
(Address) Cambridge

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10105

1. PLACE OF DEATH *Body recovered from water at:* 183County *Hampton*Village or City *Hampton, Md.*

Length of residence in city or town where death occurred

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2. FULL NAME *W. S. Vignor*

(a) Residence: No.

Norfolk, Va.
(Usual place of abode)St. *St.*

Ward

Registration Dist. No. 116

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*4. COLOR OR RACE *White*5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) *Unknown*7. AGE *About 65 yrs* Years *—* Months *—* Deys *—* If LESS than
1 day, *—* hrs.
or *—* min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. *Retired Collector*9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. *Unknown*10. Date deceased last worked at
this occupation (month and
year) *Unknown*11. Total time (years)
spent in this
occupation *Unknown*12. BIRTHPLACE (city or town)
(State or country) *York Co.
Va.*13. NAME *Unknown*14. BIRTHPLACE (city or town)
(State or country) *Va.*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town)
(State or country) *Va.*17. INFORMANT *H. S. Cunningham*
(Address) *Hampton, Va.*18. BURIAL, CREMATION, OR REMOVAL
Place *Hampton, Va.* Date *Oct 22, 1933*19. UNDERTAKER *H. S. Cunningham*
(Address) *Hampton, Norfolk, Va.*20. FILED *Oct 22, 1933* C. E. Wolff
Registrar

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

*(Body recovered) Oct 20
from water* (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19 , to , 19

I last saw h. alive on , 19 ; death is said
to have occurred on the date stated above, at 5 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*Drowning (Supposed)
Leg rest caused*

Other Contributory Causes of importance:

Name of operation *None* Date ofWhat test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? *Unknown* Date of injury *Unknown*Where did injury occur? *Chesapeake Bay* (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury *Unknown*Nature of injury *Supposed drowning*24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

Hugh M. Fountain (Signed)(Address) *Same bridge, W. F. Gorme*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10106

1. PLACE OF DEATH

County DorchesterVillage or City Fishing Creek

Length of residence in city or town where death occurred yrs.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Elisabeth Graves

(a) Residence: No.

Fishing Creek St. — Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5a. If married, widowed, or divorced married
 M~~W~~AND of Dennis Graves
 (or) WIFE of Dennis Graves

6. DATE OF BIRTH (month, day, and year) Aug 15 - 1878

7. AGE <u>55</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
			<u>16</u>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation <u>40</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>own home</u>	
10. Date deceased last worked at this occupation (month and year) <u>1/1/33</u>	

12. BIRTHPLACE (city or town) Applegarth
(State or country) Maryland

13. NAME <u>Alexander Graves</u>	14. BIRTHPLACE (city or town) <u>Fishing Creek</u> (State or country) <u>Maryland</u>
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15. MAIDEN NAME <u>Harriett Ann Lewis</u>	16. BIRTHPLACE (city or town) <u>Applegarth</u> , (State or country) <u>Maryland</u>
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17. INFORMANT <u>Ben Graves</u>	Billing Creek, Md
(Address)	

18. BURIAL, CREMATION, OR REMOVAL Place <u>Baltimore</u>	Date <u>Dec 4</u> , 1933
----------------------------------------------------------	--------------------------

19. UNDERTAKER <u>G. S. LeCompte</u>	Address <u>Cambridge, Md</u>
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20. FILED <u>Dec 3, 1933</u>	Ames W. Meade Local Registrar
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 2
(Month), 1933
(Year)22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Dec. 1, 1933I last saw Ben Graves alive on Aug 15, 1932; death is said to have occurred on the date stated above, at 2 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Tuberculosis of Lungs

Date of onset

1/1/32

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Ames W. Meade M. D.(Address) Fishing Creek, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10107

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge,

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Tubman

(a) Residence: No. Airey Md.

(Usual place of abode)

St. Ward.

Registration Dist. No. 116

No. Cambridge Maryland Hosp.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,

Female colored

OR DIVORCED (write the word)

widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Dont know

6. DATE OF BIRTH (month, day, and year)

Dont know

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

40 yrs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 8, 1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from
September 26, 1933, to October 8, 1933.I last saw her alive on Oct. 8, 1933, 1933; death is said
to have occurred on the date stated above, at 12:50 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Typhoid fever

Date of onset

?

Other Contributory Causes of importance:

Myocarditis, Chronic

?

Name of operation None

Date of

What test confirmed diagnosis? Exam.

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 1933

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

John Mowdr

M. D.

(Address) Cambridge Md.

OCCUPATION

MOTHER FATHER

13. NAME Ben Chester,

14. BIRTHPLACE (city or town)

Maryland.

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

Dont know

(State or country)

17. INFORMANT

Ernest Tubman

(Address)

Airey Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Corotown

Md.

Date Oct. 10

1933

(Address)

19. UNDERTAKER

Lewis H. Baynem

(Address)

Cambridge

Maryland.

20. FILED

Oct. 10

1933

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10108

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County DorchesterVillage or City Hoopersville

Length of residence in city or town where death occurred yrs.

No.

Registration Dist. No. 115

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary Elizabeth Tyler

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>singer</u>
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5a. If married, widowed, or divorced
HUSBAND of _____ (or) WIFE of _____6. DATE OF BIRTH (month, day, and year) March 11 - 1933

7. AGE Years <u>0</u>	Months <u>7</u>	Days <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None9. Industry or business in which work was done, as SILK MILL, SAW MILL, etc. None10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hoopersville
(State or country) Maryland13. NAME Norman Swain Tyler14. BIRTHPLACE (city or town) Hoopersville
(State or country) Maryland15. MAIDEN NAME Audrey Cissie Simmons16. BIRTHPLACE (city or town) Madison
(State or country) Maryland17. INFORMANT Audrey Tyler
(Address) Hoopersville, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Hoopersville Date Oct. 19, 193319. UNDERTAKER Albert Tyler
(Address) Hoopersville, Md.20. FILED Oct. 19, 1933 James W. Meade
(Address) Hoopersville, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 18

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Oct. 14, 1933 to Oct. 18, 1933I last saw her alive on Oct. 16, 1933; death is said to have occurred on the date stated above, at 2:10 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Enteritis - Colitis 9 days
Escherichia + Enteritis 10/9/33

Other Contributory Causes of importance:

Inadequate diet
from lack of proper care 6 days

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) James W. Meade M. D.
(Address) Hoopersville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10109

1. PLACE OF DEATH

County HanoverVillage or City Fishing Creek

Length of residence in city or town where death occurred

No.

Registration Dist. No. 115

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 0 ds. 0 How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.2. FULL NAME Sarah Elizabeth Tyler(a) Residence: No. —

(Usual place of abode)

St. — Ward. —

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widowed</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofJohn G. Tyler

6. DATE OF BIRTH (month, day, and year)

7. AGE <u>64</u>	Years	Months <u>3</u>	Days <u>18</u>	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation <u>50</u>
--------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>at home</u>

10. Date deceased last worked at this occupation (month and year) Sept. 1312. BIRTHPLACE (city or town)
(State or country) Fishing Creek, Maryland13. NAME Sylvanus Tyler
14. BIRTHPLACE (city or town)
(State or country) Fishing Creek, Maryland15. MAIDEN NAME Rebecca Meeks
16. BIRTHPLACE (city or town)
(State or country) Fishing Creek, Maryland17. INFORMANT Ruth Simmons
(Address) Fishing Creek, Maryland18. BURIAL, CREMATION, OR REMOVAL
Place Fishing Creek Date Oct. 8, 193319. UNDERTAKER J. S. Descompte
(Address) Cambridge, Maryland20. FILED Oct. 8, 1933 Amelia Meeks
Locality Locality Registrar. Amelia Meeks

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 7

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from Sept. 21, 1933, to Oct. 7, 1933I last saw h. — alive on Oct. 6, 1933; death is said to have occurred on the date stated above, at 1:35 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis
and
Myocardial Degeneration 1/25

Date of onset

Other Contributory Causes of importance:

Name of operation — Date of —What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify —

(Signed) Amelia Meeks M. D.
(Address) Fishing Creek, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10110

1. PLACE OF DEATH

County DorchesterMunicipality CambridgeVillage or City CambridgeRegistration Dist. No. 116

Length of residence in city or town where death occurred

yrs. 1 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Infant Vickers(a) Residence: No. 109 Rue de l'Eau

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>not determined</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u> (write the word)
------------------------------	---------------------------	-------------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct 8 1933

7. AGE <u>1</u> Years	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Md

13. NAME

John Vickers14. BIRTHPLACE (city or town)
(State or country)Md

15. MAIDEN NAME

Hedwig F. Webber16. BIRTHPLACE (city or town)
(State or country)Md

17. INFORMANT

Mrs. John Vickers

(Address)

18. BURIAL, CREMATION, OR REMOVAL

disposed of at home Oct 10, 1933

Place

Data

19. UNDERTAKER

Mr. John Vickers (gaffer)

(Address)

20. FILED

Oct 10, 1933E. E. Waller

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct81933

22. I HEREBY CERTIFY. That I attended deceased from

19

to

19I last saw him alive on 19; death is said to have occurred on the date stated above, at 9:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Stillborn due to
Missconception at 3 mos.

Other Contributory Causes of importance:

Name of operation

Data of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

John K. Shriver
Cambridge Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10111

1. PLACE OF DEATH

County DorchesterVillage or City Honga

Length of residence in city or town where death occurred

(131)

Registration Dist. No. 115

St. 115

Ward

No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. _____ ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME

Caroline Ward

(a) Residence: No.

Honga

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofCaroline Ward6. DATE OF BIRTH (month, day, and year) About 1854

7. AGE <u>80</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Crab Picker</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Seafood Packing</u>
10. Date deceased last worked at this occupation (month and year) <u>Oct 7/33</u>	11. Total time (years) spent in this occupation <u>10</u>

12. BIRTHPLACE (city or town) Dorchester
(State or country) Maryland13. NAME Joseph Johnson14. BIRTHPLACE (city or town) Dorchester
(State or country) Maryland15. MAIDEN NAME Wally Waters16. BIRTHPLACE (city or town) Dorchester
(State or country) Maryland17. INFORMANT Caroline Ward
(Address) Honga, Md18. BURIAL, CREMATION, OR REMOVAL
Place Gardens Hill Date Oct 12, 193319. UNDERTAKER Sewell Barrington
(Address) Cambridge, Md20. FILED Oct 17, 1933 Jessie Meeks
(Address) Registrar, Rock

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct. 16, 1933
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Without medical attendance, 1933, to 1933, death is said

I last saw h. _____ alive on

to have occurred on the date stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage 10/12/33
Date of onsetChronic Intestinal Trichuriasis 1900
Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ (Signed) James W. Meeks M. O.
(Address) Fishing Creek, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10112

1. PLACE OF DEATH

County DorchesterVillage or City CambridgeRegistration Dist. No. 116No. Cambridge Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Albert Wilhelm(a) Residence: No. 411 Willis

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Oct 31 - 1951

7. AGE

#

Years

#

Months

#

Days

#If LESS than
1 day, # hrs.
or # min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.None9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Maryland

MOTHER FATHER

13. NAME

Albert Wilhelm14. BIRTHPLACE (city or town)
(State or country)Delaware

15. MAIDEN NAME

Maybelle Latham16. BIRTHPLACE (city or town)
(State or country)Maryland

17. INFORMANT

Maybelle Wilhelm
(Address) 411 Willis St. Cambridge

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date Nov 1, 1953

19. UNDERTAKER

Frank E. Albany
(Address) Cambridge Md

20. FILED

Kov. 1, 1953 C. C. Wolff
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct. 31
(Month) (Day), 1951
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 1951, to , 1951I last saw him alive on , 1951; death is said to have occurred on the date stated above, at 5:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still-born

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1951

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. H. Shriver, Jr. M. D.
(Address) Cambridge Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	Moy 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10113

1. PLACE OF DEATH

County BaltimoreVillage or City Finchville

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

No.

Registration Dist. No. 110

St. _____ Ward _____

2. FULL NAME Still birth Williamson(a) Residence: No. Finchville

St. _____ Ward _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
-----------------	---------------------------	-----------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)	<u>Oct. 3 - 1933</u>		
7. AGE	Years	Months	Days
			1 day, _____ hrs. or _____ min.

OCCUPATION <u>None</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Dorchester Co., Md.13. NAME Emory L. Williamson14. BIRTHPLACE (city or town)
(State or country) Bridgewater15. MAIDEN NAME Bessie Lee16. BIRTHPLACE (city or town)
(State or country) Lincoln, Del.17. INFORMANT Emory L. Williamson
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Bethelburg Md. Date Oct 4 - 193319. UNDERTAKER Emory L. Williamson
(Address) Finchville Md.20. FILED Oct 4 - 1933 Chas W. Hastings
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Still birthOct. 3 (Month)1933 (Day)1933 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 3 to Oct. 3, 19____

I last saw him _____ alive on _____, 19____; death is said

to have occurred on the date stated above, at _____ in _____.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. G. F. Jr. M. D.(Address) 510 Franklin St. Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill, etc.**

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic interstitial nephritis
Cerebral hemorrhage **RECEIVED**
1000 8 1923
BUREAU OF MEDICAL EXAMINERS
Other contributory causes of importance:
Gallstones

Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10114

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County DorchesterVillage or City Bar Neck

93-c

Registration Dist. No.

116

St. Ward

Length of residence in city or town where death occurred 54 yrs. 0 mos. 0 ds. If death occurred in a hospital or institution, give its NAME instead of street and numberHow long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Robert Wilson(a) Residence: No. Bar Neck

St. Ward

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

mcolwidowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMary Niah Wilson

6. DATE OF BIRTH (month, day, and year)

Unknown 1879

7. AGE

Years 54

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Farmer

Date of onset

10-19-33

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

1933

12. BIRTHPLACE (city or town)

(State or country)

Bar NeckDor. Co., Md.

MOTHER

FATHER

13. NAME

Josiah Wilson

14. BIRTHPLACE (city or town)

(State or country)

Dor. Co., Md.

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)

(State or country)

Dor. Co., Md.

17. INFORMANT

(Address)

Ted Wilson

18. BURIAL, CREMATION, OR REMOVAL

Place BeckwithDate Oct 28, 1933

19. UNDERTAKER

(Address)

J. M. Grace308 Muir St., Cambridge Md.

20. FILED

(Date)

E. E. Wolff

Registrar

M. D.

Carroll McLeanOne Cedar St.

If so, specify

(Signed)

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN